



MONTGOMERY COUNTY
Call-n-Ride RECERTIFICATION FORM

Identification #: _____ Date: _____

In order to continue as a participant, recertification is necessary. Please complete the following:

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Number of family members in household: _____

Is this a group, nursing, assisted living, retirement, or rehabilitation, etc. facility? _____YES _____NO

1. **RESIDENCY AND AGE:** You must reside in Montgomery County. Please send proof of current address in Montgomery County: (Copy of a rental agreement, copy of a property tax bill or deed, copy of a utility bill with your name and current address, copy of a Social Security award letter with your name and current address, copy of a Montgomery County Social Services letter with your name and current address or a copy of a Maryland Driver's License (or Maryland Identification Card from the MVA) with your current address. **** NOTE: If you do NOT have ANY of the proofs of residency as listed above, Montgomery County *REQUIRES* that you get a Maryland Identification Card which is available through the Motor Vehicle Administration (MVA). ****

You must also submit proof of age with the application (Copy of birth certificate, Maryland Driver's License or Maryland Identification Card from the MVA).

2. **INCOME:** Please submit proof of income for all members of your household with this application. Proof of income must be a copy of all household income tax returns, Social Security checks, Social Security award letters, pension letters, annuity statements, SSI, job earnings, bank statements to show interest, dividend payments, or IRA distributions, etc. **PROOF OF INCOME MUST BE SUBMITTED WITH THIS FORM.**

2A. Do you receive SSI, GPA (General Public Assistance) or Food Stamps?
_____YES _____NO

2B. If **YES**, submit a letter of proof from the agency and SKIP to Section 3.

2C. If **NO**, what is the present monthly income of your household from all sources:
\$ _____. Please submit a notarized letter, or a letter on agency letterhead, from the provider.

3. **DISABILITY:** DO YOU CURRENTLY HAVE A MENTAL OR PHYSICAL DISABILITY?

Please Answer: _____ YES _____ NO. If **YES**, All applicable disability forms MUST be completed by Licensed Professional Physician. (Forms enclosed).

4. **PHOTO FOR Call-n-Ride SWIPE CARD:** You must include a recent photograph of yourself with this application.

FOR DETAILS, PLEASE REFER TO THE Call-n-Ride PHOTOGRAPH INSTRUCTIONS ATTACHMENT, ENCLOSED WITH THIS APPLICATION.

I understand this information is confidential and will be used only to determine my eligibility for participation in the Call-n-Ride program. I certify that all information contained on this form is true and correct.

Signature _____ Date _____

PLEASE RETURN THIS FORM ALONG WITH THE REQUIRED INFORMATION WITHIN THIRTY (30) DAYS FROM THE ABOVE DATE TO:

**Call-n-Ride
101 Monroe Street, 5th Floor
ROCKVILLE, MD 20850**

For Questions please contact Connect-A-Ride at 301-738-3252 or the MC 311 Call Center by dialing 311.

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FOR OFFICE USE ONLY: Date: _____ **Income:** \$ _____ **Subsidy:** _____